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UNDER THE CHARGE OF

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The Globulin Content of Luetic Sera.—R. MULLER and W. R. HOUGH (*Wiener klin. Woch.*, 1911, xxiv, 167) have repeated Winternitz's work on the globulin content of luetic sera. The sera were controlled by Wassermann reactions. Two hours after obtaining the blood from a vein in the arm it is centrifugalized till the serum is clear. The latter is divided into two portions. To the one there is added one part of a saturated aqueous solution of ammonia sulphate to two parts of serum, to precipitate the euglobulin: to the other an equal volume of saturated ammonium sulphate is added to throw out of solution the total globulins. The amount of protein is estimated by centrifugalization in graduated tubes, noting the bulk of the precipitate. Muller and Hough report observations on 58 sera, 29 of which were luetic, the remainder non-luetic controls. In the luetic sera the euglobulin amounted to 42.5 parts (calculated for 10 c.c.); in the controls, 28.8. Total globulin showed less variation, 94 in luetic sera, 84.7 in the controls. Constant results were not obtained, wide variations being noted.

Transmission of Antipyrin Idiosyncrasy to Guinea-pigs.—E. KLAUSNER (*Münch. med. Woch.*, 1911, lviii, 138) has successfully repeated Bruck's experiments. A patient with neurasthenia, male, aged twenty-nine years, came under Klausner's care; since childhood he had shown an idiosyncrasy for antipyrin, manifested by marked erythema and œdema of the skin and formication, especially of the skin of the head.

Blood serum obtained from this patient was injected, in 5 c.c. amounts; into each of three guinea-pigs (Nos. 1, 2, 3). A fourth guinea-pig received a like quantity of serum from a normal individual, and a fifth received no serum. Twenty-four hours later 0.3 gram of antipyrin was given to the guinea-pigs subcutaneously. In the course of an hour the first animal was attacked with clonic-tonic spasms, and died in a few hours. The second animal succumbed with similar symptoms. The controls, animals 4 and 5, showed no ill effects from the drug. Eight days after injecting the serum, guinea-pig No. 3 and two new controls were each given 0.3 gram of antipyrin subcutaneously. The controls were unaffected. The reaction in animal No. 3 was extreme; clonic-tonic spasms began during the injection of the antipyrin. There was not, however, as in the first two animals, a fatal issue, the animal having recovered fairly in twelve hours. The reaction is very similar to, if not identical with, the anaphylaxis reaction.

Myeloid Chloroma.—E. PAULICEK and L. WUTSCHER (*Deutsche med. Woch.*, 1911, xxxvii, 155) report a case of chronic myeloid leukemia which had been under their observation since 1907. Before death unusual manifestations of chloroma were noted and confirmed at autopsy. They summarize their findings as follows: (1). The records of this case show that chronic myeloid leukemia may change into chloroma. Previously, myeloid chloroma has been observed only in association with acute leukemias. (2) The development of chloroma from a preëxistent chronic myeloid leukemia bears witness to the close relationship between the two disease processes. (3) The development of an acute chloromatous condition may be without effect upon the blood picture of a preëxistent chronic leukemia. (4) It is possible that the green color of the infiltrations is intimately associated with the rapid proliferation of unripe marrow cells (myeloblasts), though this remains to be proved. (5) It is furthermore possible, Paulicek and Wutscher say, that radiotherapy in some way was responsible for the development of the chloromatous process.

Familial Diabetes Mellitus.—TH. LANGAKER (*Deutsche med. Woch.*, 1911, xxxvii, 217) reports a remarkable diabetic family of children. The parents, Swedes, aged about fifty years, had emigrated to Norway, where all of their children were born. Each of the parents was in good physical condition, had no glycosuria, and denied luetic infection. Their respective family histories were good and were negative for diabetes. Of their eight children, five died between the ages of four and eleven years of diabetes mellitus. Langaker attended three of the fatal cases. Their first child died in 1889, aged twenty months, from diphtheria. In 1897, their four-year-old son became ill with diabetes mellitus. He was admitted to hospital, where the diagnosis was made, and died after a few months' illness. Except for whooping cough and measles, he had been healthy previous to the onset of diabetes. Autopsy revealed no adequate lesion; the pancreas showed little change. In 1899 a second son, aged four years, died of diabetes mellitus. He had had "inflammation of the brain" when one year old. No autopsy was permitted. The same year a daughter, aged eleven years, began to manifest the usual symptoms of diabetes mellitus. Ten months later she died in diabetic coma (no autopsy). She had had pertussis at the age of two years, and chickenpox shortly before the onset of diabetes. In 1901 a daughter, aged four years, developed all the symptoms of diabetes shortly after recovery from measles, and died in coma in June of the same year. A son, aged seven years, had had diphtheria at the age of five. Langaker was called to see him in September, 1906, and found the child in diabetic coma (glycosuria, acetonuria); he died a few days later. Autopsy revealed diffuse degenerative changes in the glandular cells of the pancreas, including the islands of Langerhans. At present two healthy children remain, aged seven and five years.

The Action of Salvarsan in Malaria.—J. Iversen and M. Tuschinski (*Deutsche med. Woch.*, 1911, xxxvii, 107) have used salvarsan in 61 acute malarial infections, of which, 24 were tertian, 3 quartan, 29 estivo-autumnal, 2 mixed tertian and estivo-autumnal, 1 mixed quartan and estivo-autumnal, and in 2 no parasites were demonstrable. In general their results coincide with those of other observers. They report that: (1) Salvarsan, given once intravenously in 0.5 gram dose, exhibits a specific action on all species of malarial plasmodia. (2) In tertian fever the parasites disappear from the blood usually after twelve to forty-eight hours, and the paroxysms cease. How permanent the result is, remains to be seen. It is advised to combine intramuscular with intravenous injection. (3) In quartan fever the benefit from salvarsan is transient, even with a dose of 0.8 gram. (4) Doses of 0.5 to 0.8 gram free the blood of estivo-autumnal parasites only temporarily. (5). Crescents do not disappear from the blood, but they occasionally show change in form and staining reaction for a short time following the injection. (6) In certain cases of estivo-autumnal fever, after a temporary disappearance of the ring forms, with lowering of the body temperature, the patient seemed actually worse and the blood was swarming with ring forms and crescents.

The Albumin Reaction in the Sputum.—M. Gantz and R. Hertz (*Berlin klin. Woch.*, 1911, xlviii, 285) emphasize the value of testing the sputum for albumin, a procedure which has been found useful by a number of observers, notably Bezançon and de Jong, Roger, and Wanner. *Method:* A mixture of sputum, 10 c.c., distilled water, 10 c.c.; 30 per cent. acetic acid, 2 c.c., is stirred thoroughly with a glass rod till the sputum is broken up into fine particles. It is then filtered. The filtrate is usually clear, occasionally slightly opalescent, and generally is colorless, at times yellowish. The filtrate is boiled. If the fluid is not too acid, a precipitate of albumin appears. If the acidity is too high—and this is often the case—alkali is carefully added drop by drop and the precipitate then comes down. Occasionally, as Wanner has shown, the addition of a few cubic centimeters of concentrated sodium chloride solution makes the reaction sharper. Gantz and Hertz consider the albumin reaction of great value, since it is practically